Science, Medicine, and Near Death Experiences

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Magis Center of Reason and Faith

Introduction

I cite the evidence of near-death experiences with caution, because there are many books written on this subject that are not scientific or based on any clinical, cross-cultural, long term study, but rather on a few anecdotes taken to the extreme. Some of these nonscientific books have rather manipulative agendas, and some are quite cultic in character. These problematic accounts do not mitigate the excellent longitudinal studies that have been carried out by Parnia et al. at Southampton University (2014),[1] van Lommel et al., reported in the prestigious British medical journal *The Lancet*,[2] the two studies carried out by Kenneth Ring on near-death experiences,[3] and his later study of near-death experiences of the blind,[4] and Dr. Janice Holden's analysis of veridical evidence in NDE's from thirty-nine independent studies.[5] There are additional careful longitudinal studies cited in this Chapter,[6] as well as many studies reported in the *Journal of Near-Death Studies* published by the International Association for Near-Death Studies (peer-reviewed).[7]

Before responding to physicalists' objections, we will want to clarify some terms and circumstances surrounding this remarkable entryway into the realm of survival of bodily death and the existence of transphysical consciousness.

I.
Definitions and Descriptions

In 1982, a Gallup survey indicated that approximately 8 million adults in the United States had had a near-death experience (a significantly large population from which to take accurate samples).[8] The people sampled reported having some of the following eleven characteristics, eight of which appear to be unique to near-death experiences (in italics):

- *out of body experience*
- *accurate visual perception* (while out of body)
- *accurate auditory perception* (while out of body)

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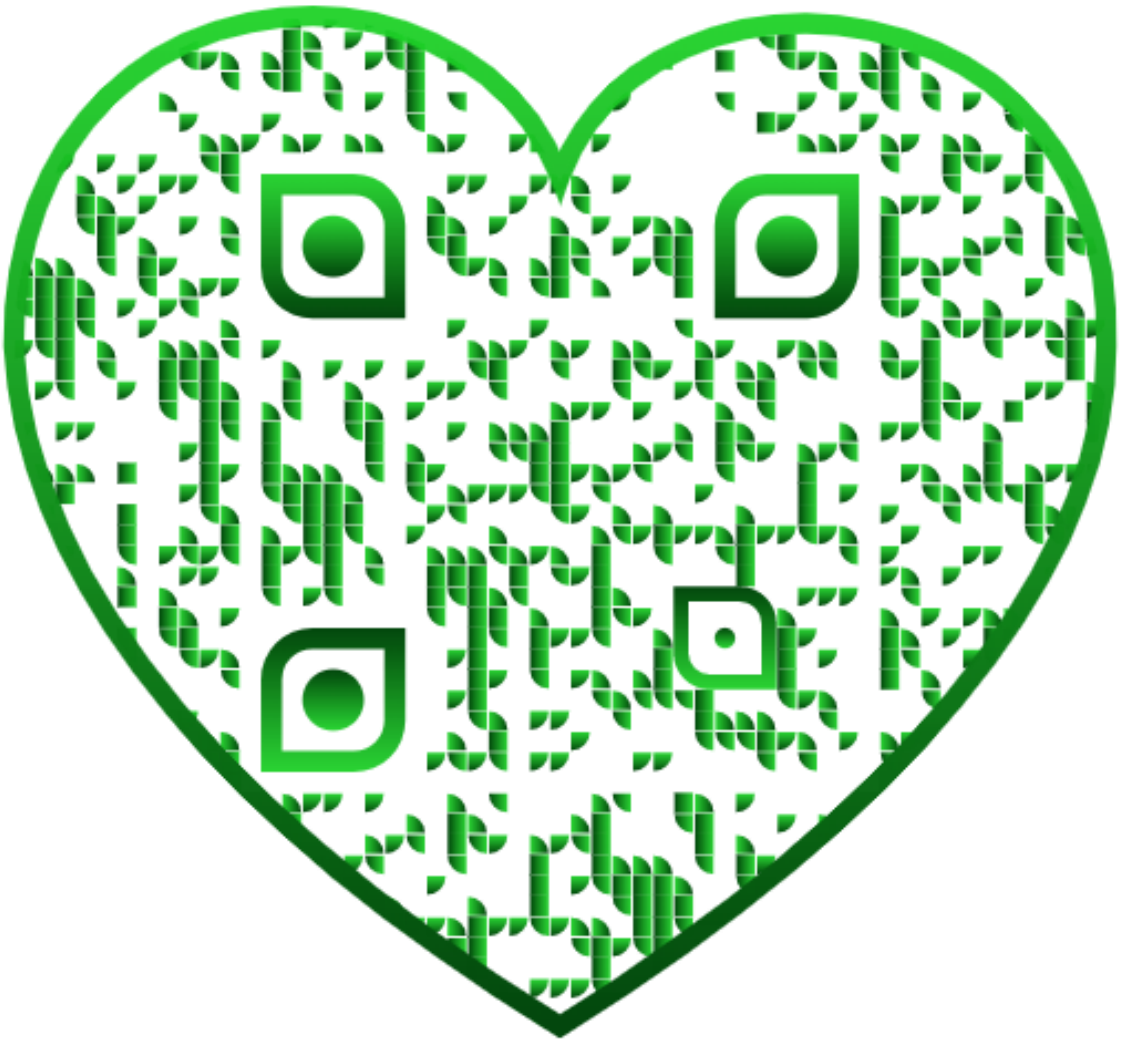
[1] Parnia et al 2014(a).
[2] van Lommel 2001.
[3] Ring 1980.
[4] Ring 1999.
[5] Janice Holden 2009. *Handbook of Near Death Experiences: Thirty Years of Investigation* (Connecticut: Praeger Press).
[6] Basford (1990), Fenwick & Fenwick (1995), Greyson & Flynn (1984), Roberts & Owen (1988), Sabom (1982), Zaleski (1987), Moody (1988), Greyson (2010), Cook et al (1998), Kelly et al (2000).
[7] See the website www.iands.org for a complete index of 135 topics concerned with research and longitudinal studies of NDEs.
[8] See Gallup and Proctor 1982.



- *feelings of peace and painlessness*
- *light phenomena* (encounter with loving white light)
- *life review*
- *being in another world*
- *encountering other beings*
- *tunnel experience*
- *precognition*

According to the 2014 Parnia et al.-Southampton University Study, approximately 9% of adults have a near death experience after cardiac arrest (Von Lommel *et al* 2001 found that 18% had an NDE), and according to the International Association of Near Death Studies (that publishes the peer-reviewed *Journal of Near Death Studies*), approximately 85% of children have near death experiences.

The Transphysical Component of Near Death Experience

The transphysical component of a person having a near death experience may be described as follows: when a person undergoes clinical death (defined below), a transphysical component of that person leaves the physical body (frequently through a tunnel), emerging outside the physical body, and frequently looking down upon it. This transphysical component is completely intact without the physical body, and it is self-conscious and capable of seeing and hearing (without the biological organs associated with those functions). This transphysical component retains all its memories, and appears to have acute recall and memory functions (without use of the brain). It is aware of itself and its identity and its distinction from others – but it is more than self-consciousness. It has a remnant of its former embodiment – particularly the presence and sense of extendedness. Though it is *not* physical (constituted by and subject to the laws of physics), it is like an ethereal remnant of the physical body. It is not limited by physical laws (such as gravity), or the restrictions imposed by physical mass (such as walls or roofs). It can be called into a spiritual or heavenly domain in which it can encounter spiritual beings like itself (in human form) as well as wholly transcendent beings greater than itself (such as a loving white light). It can communicate with these beings without the use of voice and sounds. Though it has autonomy and self-identity, it does not have control over most dimensions of the out of body experience; for example, it is moved outside of its body, transported to a transphysical domain, and called back into its body by some higher transphysical power. In order to distinguish it from its former physical manifestation, I will refer to it as "a transphysical component."

Clinical Death

After a heart attack, drowning, or significant trauma, people frequently undergo severe oxygen deprivation leading to a gradual reduction of electrical activity in the brain, resulting in a "shutdown" of higher cerebral functioning as well as most functions of the lower brain (after 20 to 30 seconds). This phenomenon is marked by a flat EEG (electroencephalogram) indicating an absence of electrical activity in the cerebral cortex (generating higher cerebral functioning) and the absence of gag reflex as well as fixed and dilated pupils, indicating a significant reduction of lower brain functioning. In this state, sensory organs are non-functional, both in themselves, and in the brain's capacity to process their signals. Furthermore, higher cerebral functions such as

thinking, processing memories, and linguistic functions would either be completely absent or reduced to insignificance. Lower brain activity is also minimized, though there may be some sporadic and minimal "sputtering" of pockets of deep cortical neurons in those areas.

Dr. Eben Alexander, a neurosurgeon and professor at the University of Virginia Medical School, who underwent a severe coma from encephalitis (and was monitored throughout his comatose state), described it as follows:

> My synapses—the spaces between the neurons of the brain that support the electrochemical activity that makes the brain function — were not simply compromised during my experience. They were stopped. Only isolated pockets of deep cortical neurons were still sputtering, but no broad networks capable of generating anything like what we call 'consciousness'. The E. coli bacteria that flooded my brain during my illness made sure of that. My doctors have told me that according to all the brain tests they were doing, there was no way that any of the functions including vision, hearing, emotion, memory, language, or logic could possibly have been intact.[9]

The Relationship between the Transphysical Component and the Brain

Given the above definition of "clinical death" and the description of the transphysical component, it appears that we will have to modify contemporary views of the origin of consciousness. Currently, consciousness is presumed to originate with brain functioning, but if the thousands of monitored cases of clinical death are accurate, and Alexander's and others' assessment of the absence and/or reduction of brain function are correct, and the verifiable reports of consciousness during clinical death are also accurate, then it seems highly unlikely that consciousness originates with the brain. Instead it seems that consciousness originates from a transphysical component, and that *it* interacts with the brain to channel the data of consciousness to our physical body. Thus, consciousness can exist apart from the body, but if its activities and effects are to be channeled through the body, it is done through the brain.[10] There is a close parallelism between transphysical consciousness and the brain's interaction with it. It appears that there is some redundancy or overlapping in the subsidiary functions of consciousness produced by the transphysical component and the brain (such as memory, recall, visual and auditory imagination, and other similar functions). Eben Alexander describes it as follows:

> Brain activity and consciousness are indeed profoundly tied up with one another. But that does not mean that those bonds can't be loosened, or even cut completely. The question of questions is whether the deep parallelism between brain function and human consciousness means that the brain actually produces

[9] Alexander 2012.

[10] I have written a thorough analysis of this in Chapter 6 of a forthcoming book – *The Soul's Upward Yearning: Clues to our Transcendent Nature from Experience and Reason* (Ignatius Press coming Fall 2015). In that work, I discuss a cogent solution to the problem of soul-brain interaction that borrows from the Nobel Prize winning physiologist, Sir John Eccles and physicists, Friedrich Beck and Henry Margenau called "trialist interactionism." I also borrow from philosophers Michael Polanyi and Bernard Lonergan to show how trialist interactionism can be combined with a modern theory of hylomorphism. See the References at the end of this article for further study.

> consciousness. In the wake of my experiences during my week in a coma, my answer is a very confident "No." ¶ Many scientists who study consciousness would agree with me that, in fact, the hard problem of consciousness is probably the one question facing modern science that is arguably forever beyond our knowing, at least in terms of a physicalist model of how the brain might create consciousness. In fact, they would agree that the problem is so profound that we don't even know how to phrase a scientific question addressing it. But if we must decide which produces which, modern physics is pushing us in precisely the opposite direction, suggesting that it is consciousness that is primary and matter secondary.[11]

This view of the transphysical origin of human consciousness arises out of the studies of near death experiences (cited below), as well as the recent work of David Chalmers on the "Hard Problem of Consciousness,"[12] and the perplexing problem of non-algorithmic and non-physical thought posed by Gödel's Theorem.[13] The ramifications of these discoveries are resisted by some physicalists in the current scientific community who attempt to explain near death experiences from a purely physiological point of view to restore credibility to the prevailing view of a physical origin of human consciousness (e.g. Blacher 1979; Blackmore 1993; Nuland 1994[14]; and Rodin 1980). These and other physicalist explanations are assessed below in Section IV.

In general, physicalist hypotheses do not account for the three kinds of verifiable evidence discussed in Sections II and III below: (1) veridical evidence -- verification of reports of empirical data occurring during clinical death by independent investigators, (2) visual perception by 80% of blind people during clinical death, and (3) verification of reports of previously unknown data given by deceased relatives and friends during clinical death. The inability of purely naturalistic explanations to account for this abundance of verified data seriously challenges their adequacy – leaving the door open to transphysical explanations of consciousness.[15]

Near death experiences give strong evidence for a transphysical ground of consciousness, though studies in physics, medicine, and philosophy are also beginning to lean in this direction. The Nobel Prize winning neurophysiologist Sir John Eccles has set out a serious theory of *tri*-alist interactionism.[16] Dualist theories hold that there is a separate transphysical ground of consciousness (termed "mind" or "soul" or "self") that works through the brain to produce

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[11] Alexander 2012.

[12] See Chalmers 1995, 1997, and 2010. The basic problem is explained in Chapter 6 of my forthcoming book – Spitzer 2015.

[13] See Gödel 1931. I have explained the problem in Chapters 3 and 6 of my forthcoming book – Spitzer 2015.

[14] Nuland, S.B. (1994). *How we die: Reflections on life's final chapter.* (Norwalk, CT: Hastings House).

[15] See Chapter 6 of my forthcoming book – Spitzer 2015 for a detailed explanation of my synthesis of trialistic interactionism and modern hylomorphism.

[16] In his early work, Eccles declared himself to be an "interactionist *dualist*," but when he realized the need for a "field of mediation" between the immaterial "soul" and the material body, and saw quantum field theory as a viable candidate for this mediation, he along with his "co-theorist," Sir Karl Popper, moved to a theory of "*tri*-alistic" interactionism. See Chapter 6 (Section III.A.) for a detailed explanation. See also Eccles 1989 and 1990; also Popper and Eccles 1984.

activities within physical embodiment.[17] In order to avoid the perennial problem of dualism – an *immaterial* substance (such as a conceptual idea) affecting and being affected by a *material* substance (e.g., the biophysical constituents of the brain) – Eccles proposes a "*tri*-alist" interactionism in which quantum fields mediate the interaction of the immaterial soul and the material brain.[18] This proposal has considerable explanatory power not only to account for the data of near death experiences, but also Chalmers' hard problem of consciousness, and Gödel's transalgorithmic mathematical thought.

Chalmers' hard problem of consciousness shows that the inner world of subjective experience is not explicable by physical-biological processes (found in the brain).[19] This implies that some transphysical component is necessary to fully explain conscious activity. Other philosophers such as Thomas Nagel[20] concur with this assessment and develop additional arguments to substantiate the need for a non-reductionistic metaphysical solution to the hard problem of consciousness. "Non-reductionistic" refers to models of consciousness that advocate the improbability or impossibility of explaining conscious activities through physical processes alone.

Physicists such as Henry Stapp (2007)[21] and Friedrich Beck (2008)[22] substantiate Eccles' *tri*alist interactionism by using von Neumann's orthodox interpretation of quantum field theory to show the possibility of immaterial-material interaction through the mediation of quantum fields. Inasmuch as observation (immaterial input) can collapse a quantum wave function to an eigenstate (a state which can affect classical physical systems – such as biological systems in the brain), quantum fields may in fact mediate immaterial and material components of consciousness.[23]

The eminent physicist, Roger Penrose, and his medical colleague, Stuart Hameroff, [24] distinguish themselves from Stapp, Beck, and Eccles by using quantum theory to construct a *physicalist* model of consciousness. Unlike Stapp, Beck and Eccles, Penrose and Hameroff do not seem to be aware of the fuller problem of human consciousness (e.g., Chalmers' hard problem of consciousness and the problem of conceptual ideas). They are, however, acutely aware of Gödel's enigma – and how this theorem suggests that human intelligence is beyond *any* set of deterministic rules or algorithms. They believe they have a solution for how the human brain (considered to be a *physical* entity alone) can transcend rules and algorithms through quantum activity (producing quantum computation) in brain microtubules. They theorize that quantum vibrations in the microtubules in brain neurons may account for the possibility of non-

[17] Eccles has provided a book of essays by scientists and philosophers about the cogency of strong interactionist dualism in Eccles, ed. 1983.
[18] See Eccles 1989 and 1990.
[19] Chalmers 2010.
See also Chalmers 1997.
[20] Nagel 1974, pp. 435-450. See also Nagel 2012.
[21] See Stapp 2007.
[22] See also Beck and Eccles 1992 and 2003)
[23] See Stapp 2007.
[24] Hameroff 1998, pp. 1869-1896.
See also Penrose and Hameroff 1995, 99112.
See also Hameroff and Penrose 1996.

deterministic quantum computation in the brain. However, problems and gaps in their theory may compel them to look for a mind-like or conscious component in addition to physical systems.[25]

Neuroscientists (such as Mario Beauregard and Denyse O'Leary) have tried to make a case for "a spiritual brain" (i.e. a transphysical soul interacting with a physical brain) on the basis of near death experiences applied to neuroscientific research[26] (see below Section IV).

It would not be surprising to see the evidence of a transphysical ground of consciousness from near death experiences find a theoretical confluence with *tri*alist interactionist theories (Eccles, Popper, and Beck), non-reductionistic philosophies (Chalmers and Nagel), orthodox interpretations of quantum theory (Stapp and Beck), and quasi-dualistic neuroscientific theories (Beauregard and O'Leary). I have attempted to formulate a case and model for such a confluence in Chapter 6 of my forthcoming book – Spitzer 2015. It combines the trialist interactionist model of Eccles et al. with a hylomorphic model based on the physical and ontological theories of Michael Polanyi[27] and Bernard Lonergan.[28] This combined model, which I term "hylomorphic trialist interactionism," is capable of addressing five major areas of transphysical self-consciousness:

1. The survival of self-consciousness after bodily death implied by near death experiences (see below in this Chapter),
2. The transphysical nature of heuristic notions and conceptual ideas,[29]
3. The transphysical nature of the horizon of complete intelligibility (Bernard Lonergan),[30]
4. The transphysical implications of Gödel's enigma,[31]
5. The transphysical nature of the inwardness and self-apprehension of self-consciousness (Chalmers' hard problem of consciousness).[32]

We may now proceed to the evidence of transphysical consciousness from near death experiences.

II.
Four Important Studies

[25] Penrose and Hameroff have been criticized for making unexplained (and seemingly unjustified) leaps from quantum activity in brain microtubules (which is hypothetical) to quantum computation in the brain and then to human self-consciousness. The difficulties with this theory are assessed in Chapter 6 of my forthcoming book – Spitzer 2015.
[26] See Beauregard and O'Leary 2008, and Beauregard 2013.
[27] Polanyi 1968, 1969, 1970, 1971.
[28] Lonergan 1992, pp. 270-278
[29] This problem is well recognized by Plato, Aquinas, Kant, and Lonergan. I give an explanation of it in my forthcoming book – Spitzer 2015 pp. 115-117.
[30] See Lonergan 1992 on "the notion of being" – pp. 372-398, particularly pp. 380-381. I give a detailed explanation in my forthcoming book -- Spitzer 2015, pp. 118-133.
[31] I give an explanation of this in my forthcoming book – Spitzer 2015 pp 129-132 and 209-211.
[32] See Chalmers 1995, 1997, and 2010. I give an explanation of this problem in my forthcoming book – Spitzer 2015, pp. 216-219 and 233-238.

The studies of Dr. Sam Parnia et al. (2014), Dr. Pim van Lommel et al (2001), Dr. Kenneth Ring et al (2006), and Dr. Janice Holden (2007), provide significant verifiable evidence of survival of human consciousness after clinical death. There are many other careful studies that corroborate and extend their findings not explicitly discussed in this article, but are important for readers interested in more extensive research. The following studies are fully cited in the References to this book: Basford 1990, Fenwick & Fenwick 1995, Greyson & Flynn 1984, Roberts & Owen 1988, Sabom 1982, and Zaleski 1987. Dr. Bruce Greyson and Dr. Emily Kelly have made longitudinal studies of near death phenomena (with control groups) at the University of Virginia's Division of Perceptual Studies (in the Department of Psychiatry in the School of Medicine) which is partially dedicated to the scientific study of near death experiences.[33]

II.A
The Parnia-Southampton University Study (2014)

In 2014, scientists under the direction of Dr. Sam Parnia at Southampton University completed the largest study of near death experiences. It was a 4-year study of 2,060 patients who had suffered cardiac arrest in hospitals in the U.S., U.K., and Austria. The researchers found that **9%** of the survivors (185 patients) had a *near death experience*, though many more—an additional 30% (618 patients) had some sense of postmortem consciousness and feelings which did not meet the full description of an NDE (see above, Section l). Some of the patients (who had an NDE) maintained visual awareness for up to three minutes after cardiac arrest – long after the brain shuts down (occurring 20-30 seconds after cardiac arrest).

This study advanced those of van Lommel, Ring, and Holden by taking account of experiential markers showing how long patients maintain awareness after clinical death (after electrical activity in the brain is almost completely absent). For example, a patient reported hearing two "bleeps" from a machine that sounds in 3-minute intervals, revealing that he maintained awareness for more than three minutes after cardiac arrest. This patient was not only aware of sounds in the room, but was also able to accurately report with heightened visual acuity what was going on in the operating room. The events reported were verified by researchers after resuscitation.[34]

II.B
The van Lommel et al Study

The Lancet (Britain's most prestigious medical journal) reported the findings of a longitudinal study of near death experiences carried out by four researchers in Holland. The study surveyed 344 cardiac patients who were successfully resuscitated after cardiac arrest in ten Dutch hospitals. It compared demographic, medical, pharmacological, and psychological data between patients who reported near death experiences and patients who did not (controls) after resuscitation. It studied life changes after NDEs, and compared the groups two and eight years later.[35]

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[33] http://www.medicine.virginia.edu/clinical/departments/psychiatry
[34] Parnia *et al* 2014(a).
[35] See van Lommel, *et al* 2001.

This study found that 62 adult patients (18% -- roughly one out of every five) resuscitated from cardiac arrest experienced an NDE with some of the characteristics described above. No patients reported distressing or frightening NDEs. The 18% positive response does not necessarily mean that the others did not have an NDE. In fact, Parnia et al. believe that many of those who could not remember having an NDE may have been adversely affected by morphine or other medications administered during the resuscitation procedure.[36] There may be other mitigating factors such as age or prolonged CPR, and some may have been unwilling to recount it (for fear of being thought to be unbalanced). This percentage enabled the van Lommel researchers to conclude that the experiences associated with NDEs were *not* likely to have been caused by physiology alone:

> With a purely physiological explanation such as cerebral anoxia for the experience, most patients who have been clinically dead should report one.[37]

The researchers concluded from this:

> Our most striking finding was that Near-Death Experiences do not have a physical or medical root. After all, 100 percent of the patients suffered a shortage of oxygen, 100 percent were given morphine-like medications, 100 percent were victims of severe stress, so those are plainly not the reasons why 18 per cent had Near-Death Experiences and 82 percent didn't. If they had been triggered by any one of those things, everyone would have had Near-Death Experiences.[38]

Van Lommel's rationale does not conclusively rule out a physiological explanation of near death experiences, because there might be other physical factors beyond those mentioned in his study. However when van Lommel's rationale is combined with the three kinds of verifiable evidence (discussed in Section III below), it virtually rules out the possibility of a purely physiological explanation of near death experiences, indicating the survival of human consciousness after clinical death.

Of the 62 patients reporting an NDE, all of them experienced some of the following ten characteristics, according to the following distribution:

(1) Awareness of being dead (50%)
(2) Positive emotions (56%)
(3) Out of body experience (24%)
(4) Moving through a tunnel (31%)
(5) Communication with light (23%)
(6) Observation of colors (23%)
(7) Observation of a celestial landscape (29%)
(8) Meeting with deceased persons (32%)
(9) Life review (13%)

[36] Parnia et al. 2014.
[37] van Lommel, *et al* 2001, p. 2039.
[38] van Lommel, *et al* 2001, p. 2044.

(10) Presence of border (8%)[39]

This study also reported corroborative veridical out-of-body experiences. These experiences enabled patients to have sensorial knowledge which they were not able to have through their physical bodies. In other words, if these patients had not been in an "out-of-body" state, they would never have been able to experience the data they accurately reported.

The corroborated veridical sensorial knowledge by both sighted and blind patients is very significant because there does not appear to be any physical explanation for these corroborated phenomena, leading to the conclusion that there must be some form of nonphysical conscious existence (including self-consciousness, memory, intelligence, and self-identity). Van Lommel and his team conclude as follows:

> How could a clear consciousness outside one's body be experienced at the moment that the brain no longer functions during a period of clinical death with flat EEG? . . . Furthermore, blind people have described veridical perception during out-of-body experiences at the time of this experience. NDE pushes at the limits of medical ideas about the range of human consciousness and the mind-brain relation. In our prospective study of patients that were clinically dead (flat EEG, showing no electrical activity in the cortex and loss of brain stem function evidenced by fixed dilated pupils and absence of the gag reflex) the patients report a clear consciousness, in which cognitive functioning, emotion, sense of identity, or memory from early childhood occurred, as well as perceptions from a position out and above their 'dead' body.[40]

Notice that van Lommel's study indicates that blind people see during clinical death. This finding is corroborated in greater detail by Dr. Kenneth Ring and his team (see below II.C).

II.C
Dr. Kenneth Ring's Studies of the Blind

Ring, Cooper, and Tart (1999), also reported in Ring and Valarino (2006), focused their research on near death experiences of the blind. Ring, Cooper, and Tart studied 31 blind patients (21 of whom had a near death experience and 10 of whom had out-of-body experiences only). Of these 31, 14 were blind from birth and evidently had no experience of seeing, and 17 had some experience of seeing *in the past* (though they were blind at the time of their near death experience or out-of-body experience). Ring summarizes his findings as follows:

> Among those narrating NDEs, not only did their experiences conform to the classic NDE pattern, but they did not even vary according to the specific sight status of our respondents; that is, whether an NDEr was born blind or had lost his or her sight in later life, or even (as in a few of our cases) had some minimal light perception only, the NDEs described were

[39] van Lommel, *et al* 2001, p. 2041.
[40] van Lommel, *et al* 2001. P. 2045.

> much the same. Furthermore, **80 percent** of our thirty-one blind respondents claimed to be able to see during their NDEs or OBEs, and, like Vicki and Brad, often told us that they could see objects and persons in the physical world, as well as features of otherworldly settings.[41]

Ring, Cooper, and Tart also found that the quality of perception was quite high among the majority of blind patients who reported seeing during their near-death experience:

> How well do our respondents find they can see during these episodes? We have, of course, already noted that the visual perceptions of Vicki and Brad were extremely clear and detailed, especially when they found themselves in the otherworldly portion of their near-death journey. While not all of our blind NDErs had clear, articulated visual impressions, nevertheless enough of them did, so that we can conclude that cases like Vicki's and Brad's are quite representative in this regard.[42]

What about the 20 percent who reported that they could not remember themselves seeing? There are two explanations: (1) they did not, in fact see anything during their near-death experience, or (2) even though they seem to have had some kind of perception, they did not recognize it as "seeing." Ring comments about the latter phenomenon with respect to one of his patients as follows:

> As one man, whom we classified as a nonvisualizer, confessed, because 'I don't know what you mean by seeing,' he was at a loss to explain how he had the perceptions he was aware of during his NDE.[43]

This study is particularly important, because there is no physical explanation for the phenomenon described by it. The sight of these patients was completely impaired or almost completely impaired – *in their physical bodies.* Thus the only explanation for their sight would seem to be the capacity for visual perception in their *transphysical* state. This requires their continued existence after bodily death.

II.D
Consistency of Data in Moody, Ring, and van Lommel

In 1978, Dr. Raymond Moody wrote his first study of near death experiences entitled *Life After Life*. It was based on more than 100 case studies, but left several questions unanswered while revealing the need for a more sophisticated longitudinal study. Between 1978 and 1988, he completed that study after interviewing more than 1,000 patients who had had a near-death experience. He noticed that patients having near-death experiences reported having one or more of the following nine characteristics (seven of which seem to be unique to NDEs):

1. a sense of being dead,

[41] Ring and Valarino 2006, p. 81.
[42] Ring and Valarino 2006, p. 81.
[43] Ring and Valarino 2006, p. 81.

2. peace and painlessness,
3. the tunnel experience,
4. people of light,
5. the Being of Light,
6. the life review,
7. rising rapidly into the heavens,
8. reluctance to return, and
9. out of body experiences/different time and place.[44]

Moody's findings closely correlate with Ring's and van Lommel's. Ring divides his study into five *stages* of near-death experiences, while van Lommel divides his findings into ten *features* of near-death experiences. Ring's stages are as follows:

Peace	60%
Bodily separation	37%
Darkness/tunnel	23%
Light/beings of light	16%
Inner setting/paradise	10%

Notice the correlation with van Lommel's features:[45]

Awareness of being dead	50%	(not reported by Ring)
Positive emotions	56%	(compared to Ring's 60% for what he describes as "peace")
Out of body experience	24%	(compared with 37% in Ring's study)
Moving through a tunnel	31%	(compared with 23% in Ring's study)
Communication with light	23%	(compared with 16% in Ring's study
Observation of colors	23%	(not reported by Ring)
Observation of a celestial landscape	29%	(compared with 10% in Ring's study)
Meeting with deceased persons	32%	(not reported by Ring, but reported by Moody[46])
Life review	13%	(not reported by Ring)
Presence of border	8%	(not reported by Ring)

Evidently, the larger, more longitudinal study of Dutch patients experienced the tunnel, being/beings of light, and celestial landscapes more often than the smaller, less longitudinal, American group; while the American group experienced out-of-body survival more often. The differences in the data may be explained by the fact that most patients only experienced *some* of the above-mentioned features of near death experiences.

II.E
Dr. Janice Holden's Assessment of 39 NDE Studies

[44] Moody 1988, pp. 7-20.
[45] van Lommel, *et al* 2001, p. 2041.
[46] Moody's study is significant because it indicates how patients were transformed by these encounters with departed loved ones. See Moody 1993.

Dr. Janice Holden made a compendium of 107 cases in thirty-nine studies by thirty-seven authors in 2007,[47] in which veridical (verifiable) experiences were reported. She concluded as follows:

> Using the most stringent criterion – that a case would be classified as inaccurate if even one detail was found to not correspond to reality – Holden found that only 8 percent involved some inaccuracy. In contrast, 37 percent of the cases – almost five times as many – were determined to be accurate by an independent objective source, such as the investigation of researchers reporting the cases.[48]

The other 55% did not involve inaccuracies, but could not be completely independently verified by other sources. Therefore, of the 48 cases (45% of Holden's sample) qualifying as veridical (an unusual or unique report corroborated by an independent source), 8 cases (17%) had some inaccuracy while 40 cases (83%) were reported completely accurately (using the strictest criteria).

It is difficult to believe that this degree of verifiably accurate reporting which occurred at a time when there was no electrical activity in the cortex can be attributed to a physical or physiological cause. In view of this, as well as the fact that many of the reported incidents reached beyond bodily capabilities of the patient, it is not unreasonable to conclude that these perceptions (as well as the self-consciousness which accompanied them) existed independently of bodily function, and could therefore, persist after bodily death.

III.
Three Kinds of Verifiable Evidence

There are three ways of verifying the transphysical nature of near death experience reports:

1. Veridical reported data (all major longitudinal studies).[49]
2. Visual perception of blind (primarily Ring and van Lommel).
3. Personal information about deceased individuals (primarily Greyson 2010, van Lommel 2010, Moody 1993, Cook et al 1998, and Kelly et al 2000).

As will be seen, each of these kinds of evidence can be verified by independent researchers after the fact, and all of them are exceedingly difficult (if not impossible) to explain by merely physical or physiological theories (such as hallucinations, anoxia, narcotics, etc. -- see below section IV). We will examine each kind of evidence, and then assess the combined data.

III.A
Reported Veridical Data

[47] Holden 2007, pp. 33-42.
[48] Carter 2010, p. 217.
[49] Explored in all 15 studies mentioned in this Chapter – that is: Sam Parnia et al (2014), Pim van Lommel et al (2001), Kenneth Ring et al (2006), and Janice Holden (2007), Basford (1990), Fenwick & Fenwick (1995), Greyson & Flynn (1984), Roberts & Owen (1988), Sabom (1982), Zaleski (1987), Moody (1988), Greyson (2010), Cook et al (1998), Kelly et al (2000).

Frequently during near death experiences, the transphysical component leaves the body, but does not go immediately to an other-worldly domain. Instead, it remains in the resuscitation room or in close or remote proximity to the body. As noted above, this transphysical component is self-conscious, and can see, hear, and remember. Its memories can be recalled after patients return to their bodies. Some of these reports have highly unusual or unique characteristics which are not part of ordinary resuscitation or hospital procedures. Many of these reports can be verified by independent researchers after patients return to their bodies. When all of these conditions have been met, and the unusual accounts have been verified to be 100% accurate, they are termed "veridical." Virtually every peer-reviewed study reports multiple instances of such veridical data. The following cases typify a much larger array of reports, many of which have been assessed by Dr. Janice Holden (see above Section II.E).

In the Pim van Lommel study cited above (Section II.B), one man who had been in a deep coma, later told a nurse that he recognized her and saw where she had placed his dentures during resuscitation efforts, and even described the cart into which she placed them.[50] They were there, precisely as he described it.

Melvin Morse and Kim Clark report that a woman had knowledge of a shoe on a window ledge outside the hospital (not near the room where the patient was resuscitated, but next to a third-floor office where she was being interviewed). The psychologist who did the interview (Kim Clark) had to crawl along the ledge outside her window to verify the claim. The shoe was indeed there precisely as the patient had described it.[51] Though the shoe could have been seen from a window, the detail with which the NDE patient described it could not have been detected from that window (a worn little toe, a shoelace beneath the heel, etc.). Clark concluded that:

> The only way she [the patient] could have had such a perspective was if she had been floating right outside and at very close range to the tennis shoe. I retrieved the shoe and brought it back to Maria; it was very concrete evidence for me.[52]

Raymond Moody also reports similar veridical out-of-body experiences,[53] the most frequent of which are people who leave the operating room (after seeing the resuscitation efforts going on) and visit their relatives and friends in hospital waiting rooms (literally moving through walls). One patient reported seeing her young daughter wearing mismatched plaids (which was highly unusual and only knowable if she had actually been in the waiting room). Another woman overheard her brother-in-law talking to a business associate in the hospital waiting room in a very derogatory manner, and was able to report this back to him later.

Dr. Bruce Greyson (Department of Psychiatric Medicine at the University of Virginia) also reported several instances of accurate veridical data reported by patients after clinical death. He notes:

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[50] van Lommel, et al 2001, p. 2042.
[51] Morse 1990, p. 20.
[52] Clark 1984, p.243.

[53] Moody 1988, pp. 17-20.

> [veridical reports concern] only descriptions of extremely low antecedent probability that have been cited, such as one woman's accurate description of the plaid shoelaces on a nurse participating in her resuscitation (Ring and Lawrence, 1993), or one man's accurate description of his cardiac surgeon during his open-heart surgery ''flapping his arms as if trying to fly'' (Cook, Greyson, and Stevenson, 1998, p. 399), hardly the type of behavior typically shown in media portrayals of open-heart surgery. Both of these examples, incidentally, were corroborated by independent interviews with the doctors and nurses involved. In a specific test of ability of patients to imagine accurate resuscitation scenarios, Michael Sabom (1981, 1982) found NDErs' descriptions of their resuscitations to be highly accurate with specific veridical details, whereas those of resuscitated patients who did not report NDEs but were asked to imagine what their resuscitations must have looked like were vague and contained erroneous specifics.[54]

These are but a few examples of veridical data reported by patients in virtually every major study of near death experiences. They corroborate the validity of patients' claims to have been in an out-of-body state (with sensorial capabilities). The accuracy of veridical data from multiple studies was correlated by Dr. Janice Holden (see Section II.E above) using the strictest criteria. As noted above, she determined that the vast majority of veridical data were reported perfectly accurately – with only 8% having some inaccuracy.

These findings lend considerable probative force to the survival of human consciousness after bodily death, because they cannot be explained by physical causation. They apparently require a capacity to see and hear independently of the physical body, which cannot be explained by a physical model alone (such as hallucination arising out of narcotics, oxygen deprivation, revival of brain cells and neural functions). Dr. Mario Beauregard, Dr. Pim van Lommel, and Dr. Bruce Greyson have shown the vast differences between near death experiences and proposed physical explanations – like hallucinations (see below Section IV). Such hallucinatory activity is qualitatively different from NDEs. Moreover, unlike NDEs, hallucinations are random, sporadic, and highly inaccurate (see below Section IV).

III.B
Visual Perception of the Blind during Clinical Death

As noted above (Section II.C), Ring, Cooper, and Tart (1999), and Van Lommel (2001) did focused studies on the near death experiences of the blind. 80% of these patients (many of whom were blind from birth) were able to see during their near death experience. These accounts show that patients who do not have the *physical* capacity to see – report visual data accurately about their experiences during clinical death. Some of this data is veridical (highly unusual and therefore difficult to guess).[55]

Given the insurmountable difficulties of explaining this phenomenon physically (hallucinations, narcotics, oxygen deprivation, etc. – see below Section IV), it corroborates the

[54] Greyson 2007 p. 237.
[55] See Ring, Cooper, and Tart 1999, and Ring and Valarino 2006, pp. 80-82.

likelihood of transphysical existence after clinical death. Furthermore, it shows the possibility of *transphysical* causes not only of consciousness, but also of vision, hearing, and memory. No adequate physical explanation has been offered for the visual perception of the blind during clinical death (see below Section IV).

III.C
Meeting Deceased Persons in a Transphysical Domain

Many patients undergoing clinical death are moved from the physical world to an other-worldly or heavenly domain. Some of them see themselves crossing a border into a beautiful paradise in which many are greeted by deceased relatives or friends, Jesus, or a loving white light. Some patients may experience two or more of these phenomena. Some patients who are greeted by deceased relatives do not recognize them because they died before the patient was born. They often introduce themselves and reveal facts about themselves that the patients' relatives or friends are subsequently able to verify. Though this kind of evidence is not veridical (because it can't be corroborated as occurring during a patient's clinical death by an independent source), it has probative circumstantial value – particularly because it occurs in so many different cases of near death experiences.

Raymond Moody has written a book on these experiences entitled: *Reunions: Visionary Encounters with Departed Loved Ones.*[56] It has also been studied by Dr. Jeffery Long,[57] and Dr. Pim van Lommel,[58] all of whom show patients' knowledge of facts about or from deceased relatives and friends not formerly known. Dr. Bruce Greyson has made a detailed study of these cases entitled: "Seeing Dead People Not Known to Have Died: Peak in Darien Experiences."[59] His colleague at the Division of Perceptual Studies (University of Virginia), Dr. Emily Kelly gives a careful report of their research in an article entitled "Near-Death Experiences with Reports of Meeting Deceased People."[60] This article arose out of two previous studies (Cook, Greyson, & Stevenson, 1998;[61] Kelly, Greyson, & Stevenson 2000[62]). These researchers found that out of 553 cases of people reporting near death experiences, 13% experienced a deceased relative or friend (a lower statistic than the 37% reported by Fenwick & Fenwick in 1995[63]). Most of these individuals reported seeing deceased *relatives* (and only 5% reported seeing deceased friends). Most of them were from a previous generation (parents or grandparents). Several individuals reported seeing a religious figure, usually Jesus, and several also reported seeing unrecognized figures along with relatives.[64]

One of the more important findings among these studies was the large number of patients who reported seeing people who were not close or even known. This finding militates against the

[56] Raymond Moody 1993.
[57] See Long 2010, Ch. 8.
[58] See van Lommel 2010, pp. 310-319.
[59] Greyson 2010.
[60] Kelly 2001, pp. 229-249.
[61] Cook, Greyson, and Stevenson 1998, pp. 377-406.
[62] Kelly, Greyson, and Stevenson 2000, pp. 39-45.
[63] Fenwick & Fenwick 1995, p. 163.
[64] Kelly 2001, pp. 238-239.

hallucinatory expectation hypothesis – that dying individuals project an image of deceased loved ones who they would want to see in the afterlife. Kelly notes in this regard:

> Although most people identified were emotionally close relatives, there were nonetheless a substantial number (32%) of people seen who were emotionally neutral or distant or whom the participant had never met. Many participants commented that seeing these people was unexpected and a 'surprise.' The expectation hypothesis seems a bit strained when we try to account for these numerous instances in which the deceased person was not someone the participant would particularly care about seeing….Furthermore, even among those participants who did see a loved one, the person seen was not always one whom the participant would presumably most expect or want to see.[65]

When this is combined with the disclosure of information not previously known from deceased people (in Greyson 2010, van Lommel 2010, and Moody 1998), it suggests that clinically dead individuals encounter deceased people who are not a projection of wishful expectations. Though this kind of evidence is not as strong as veridical evidence (III.A), and the visual perception of blind people during clinical death (III.B), it provides another clue to a transphysical ground of consciousness.

III.D
Conclusions Concerning Verifiable Evidence of Transphysical Consciousness

We may now briefly summarize the four kinds of evidence for transphysical consciousness after clinical (bodily) death:

(1) Remarkable consistency surrounding ten features of the experience, seven of which are *unique* to near death experiences, two of which are shared with physical embodiment (positive emotions and visual/auditory perception), and one of which is shared with out-of-body experiences (seeing one's body from above) – in all 15 studies cited in Sections II and III above.[66]
(2) Corroborated, veridical, sensorial knowledge by patients who were unconscious (more than thirty seconds after cardiac arrest) – in all 15 studies cited in Sections II and III above.
(3) Corroborated, veridical, sensorial knowledge by *blind* patients who were unconscious (primarily Ring, Cooper, and Tart – 1999, Ring and Valarino – 2006, and van Lommel 2001).
(4) Reports of encounters with deceased people who were unexpected or unknown, and reports of unknown information disclosed by deceased people (primarily Greyson 2010, van Lommel 2010, Moody 1993, Cook et al. 1998, and Kelly et al. 2000).

As we shall see, physicalist explanations of near death experiences do not (and probably cannot) explain these combined phenomena. Though they can explain how a hallucination might

[65] Kelly 2001, p. 244.
[66] Dr. Sam Parnia et al (2014), Pim van Lommel et al (2001), Dr. Kenneth Ring et al (2006), and Dr. Janice Holden (2007), Basford (1990), Fenwick & Fenwick (1995), Greyson & Flynn (1984), Roberts & Owen (1988), Sabom (1982), Zaleski (1987), Moody (1988), Greyson (2010), Cook et al (1998), Kelly et al (2000).

be possible during clinical death, they do not explain how people can accurately report empirical data, how the blind can see, and how people can acquire previously unknown information about deceased individuals during the time of clinical death. A brief examination of the six major physicalist explanations will make this clear.

IV.
Response to Physicalist Explanations

As noted above, several physicians and neuroscientists have tried to explain near death experiences by making recourse to hallucinations and other possible physical triggers. Dr. Mario Beauregard, neuroscientist at the University of Arizona, has responded to these physicalist explanations in his recent book, *Brain Wars* (2012a). His findings and responses have been verified by the Parnia et al. study which concludes that known physical explanations do not account for visual awareness, clarity of thought, and positive emotions associated with NDE's.[67] The following is a brief summary of some of Beauregard's responses excerpted from that book.[68]

Perhaps the most famous physicalist explanation of OBEs (out of body experiences) was proposed by Olaf Blanke in 2003 which received an accolade from the journal *Nature* claiming that Blanke's research discovered the part of the brain in which OBEs are induced. Blanke and his team placed electrodes in the angular gyrus of the parietal lobe which triggered an "OBE-like" experience in a 43-year old patient with epilepsy. She claimed that she had left her body, but could only see the lower half of her body – her legs and lower trunk. As the experience progressed, she perceived her legs to be getting shorter and shorter.[69] In 2004 Blanke and his team reported that they had induced an atypical and partial OBE in three patients and autoscopy in four patients – in which the patient perceives a double from the vantage point of her physical body.[70]

Beauregard responds to this with van Lommel's critique – first Blanke's stimulations of the parietal lobe produce *abnormal* bodily experiences, and secondly these abnormal experiences give rise to a *false* sense of reality[71] (e.g. legs growing shorter and seeing body doubles). These experiences are *illusory* whereas typical OBEs are not illusory. Patients leave their body, and see (and accurately remember and report) what is going on inside the operating room and how their physical bodies are situated relative to the people, events, and instruments in that room. Greyson adds to van Lommel's criticism by noting that if we accept Blanke's stimulations as typifying an OBE, we would be constrained to think that OBEs are illusions, but as we have seen throughout this chapter, there is nothing illusory about them – they give accurate descriptions of verifiable data almost all the time (only 8% minor inaccuracies according to Holden).

Beauregard then turns to Susan Blackmore's hypothesis (1993) that anoxia (oxygen deprivation in the dying brain) could lead to the firing of neurons responsible for visual

[67] See Parnia et al. 2014 pp 40-47.
[68] See Beauregard 2012 (b) p 2.
[69] See Beauregard 2012 (b) p 2. See Pearson 2002.
[70] See Beauregard 2012 (b) p 2. See Pearson 2002.
[71] See Beauregard 2012 (b) p 3.

perception – possibly leading to an experience of a white light at the end of a tunnel.[72] Beauregard responds first with van Lommel's criticism (2001) – that 100% of dying people suffer from anoxia; so if anoxia is the cause of near death experiences, 100% of patients should have them (but in fact only 18% of adults do).[73] Furthermore, the studies of Sam Parnia (2008 and 2014) show that several people have had near death experiences while feeling well – and therefore not suffering from anoxia.[74]

Beauregard also looks into James Whinnery's hypothesis that "dreamlets" are a possible explanation of NDE's.[75] "Dreamlets" occur in the stressed brain (e.g. of fighter pilots) immediately prior to unconsciousness. This does not seem to be a plausible explanation of NDEs because Whinnery's research indicates that these individuals wake up confused and anxious – instead of having lucid recollections and positive life-transforming experiences.[76]

Beauregard then turns to the hypothesis of narcotically induced hallucination as a possible explanation of NDEs. Researcher Karl Jansen conjectured that he could produce an NDE by inhibiting NMDA receptors (by ingesting small quantities of ketamine – a veterinary anesthetic).[77] Though this did induce a sense of being out of body, the images in the hallucination were "weird" and perspectives were exaggerated.[78] In contrast to this, patients having a near death experience perceive their surroundings in precisely the way they exist – e.g. inside the operating room (many of these perceptions have been verified by independent researchers after the fact – see above Section III.A).

Another recent explanation has been offered by neuroscientist, Michael Persinger, who proposes that he too can stimulate an NDE by using weak transcranial magnetic stimulation (TMS) of the temporal lobes.[79] Beauregard, citing Greyson and the literature of epilepsy, shows that NDEs do not resemble the psychic states experienced by epileptic patients, and that transcranial stimulation of the temporal lobes does not result in experiences similar to NDEs, but rather in the psychic states associated with epilepsy.[80]

In 2013 (after Beauregard's book), Jimo Borjigin proposed another possible physicalist explanation for NDEs. During his experiments with rats, he discovered that a surge of electrical activity occurred in the brain (which he hypothesized *might* produce consciousness and an image) when rats experienced cardiac arrest.[81] This hypothesis is not on the same level as the ones mentioned above for three reasons: (1) it was restricted to rats (not humans), (2) there is no evidence that the electrical surge in the brain produced either consciousness or an image, and (3) even if there were evidence that it produced consciousness and an image, there is no evidence that this consciousness-image resembles near death or out of body experiences. In short, this

[72] See Blackmore 1993 pp. 49–62
[73] See van Lommel 2001 p. 2044.
[74] Parnia 2014 pp. 159-160.
[75] See Beauregard 2012 (b) p. 3. See also Kelly, Crabtree, and Kelly, 2007, p. 379-380.
[76] See Beauregard 2012 (b) p. 3. See also Kelly, Crabtree, and Kelly, 2007, p. 379-380.
[77] Jansen 1997 pp. 79-95.
[78] Beauregard 2012(b) p. 3.
[79] See Beauregard 2012, p. 3. See also Kelly, Crabtree, and Kelly, 2007, p. 383
[80] Beauregard 2012 (b) pp. 3-4.
[81] Borjigin 2013.

hypothesis does not give researchers *anything* to compare to NDEs or OBEs – it is a pure speculation without an identifiable frame of comparison, meaning that it does not yet qualify as a scientific hypothesis.

At the present time, neuroscience is not able to generate a credible physical explanation for the verified out of body phenomena in near death experiences. There is reason to believe that such explanations will never be able to do this. First, there is a radical discontinuity between those experiencing NDEs and those experiencing physically induced illusory states (e.g. in the studies of Blanke, Whinnery, Jansen, and Persinger). The former group (NDEs) has no electrical activity in the cerebral cortex (marked by a flat EEG) and virtually no electrical activity in the lower brain (fixed and dilated pupils and absence of gag reflex). However, the latter group (physically stimulated illusions) has both a functioning cortex and lower brain. Susan Blackmore presents the only case of a "dying brain" in which electrical activity is being diminished because of anoxia. Though this hypothesis resembles the diminished electrical activity in the brain during clinical death, it falls prey to both van Lommel's criticism (since 100% of dying people experience anoxia, 100% should have a near death experience if anoxia is the cause of NDEs), and Parnia's criticism – (there are patients who have NDEs without anoxia).[82]

The second major difference between NDEs and physically stimulated illusion (hereafter "PSI") is that the latter do not resemble the former. Blanke's PSI gives rise to abnormal bodily experiences and a false sense of reality (instead of a clear and accurate perception of reality and one's place in it), Whinnery's PSI gives rise to a state of confusion and anxiousness in its aftermath (instead of clarity and lifelong positive transformation). Jansen's narcotically induced hallucination gives rise to false and weird images and exaggerated perspectives (unlike NDEs), and Persinger's PSI gives rise to psychic states associated with epilepsy (which are quite distinct from those associated with NDEs).

The third major difference between NDEs and physicalist explanations concerns the accurate veridical experience of both sighted and blind people during clinical death. There is no evidence of this occurring during anoxia or any of the above PSI phenomena. Even if PSIs could produce these effects, it would *not* prove that those effects had their origin in physical reality *alone*—i.e., that there is no *transphysical* dimension of consciousness. Indeed, there *must be* such a transphysical dimension of consciousness so that clinically dead individuals can accurately see and hear apart from and above their physical bodies. PSIs have certainly not given a *physical* explanation of how clinically dead individuals can see and hear apart from their physical bodies. Thus, even if PSIs could produce the effects of NDEs (which they are currently unable to do), it would only show that they had caused a *trans*physical state of consciousness to occur—a state of consciousness that can accurately see and hear apart from and above a clinically dead physical body. If PSIs could produce the same effect as NDEs it would only serve to show that stimulation of the brain caused a *separation* of a *trans*physical dimension of consciousness from the physical body—it would not disprove the existence of that *trans*physical dimension.

In sum, it is highly unlikely that physicalist explanations will ever be able to account for this last line of reasoning because it would require them to prove that merely physical

[82] See Parnia 2014. pp. 159-160.

phenomena can have unmistakably transphysical effects—which is at best a contradiction. Physicalist explanations *per se* are limited to showing how physical causes produce *physical* effects—nothing more. Therefore, the physicalists will have to either open the door to *transphysical* explanation, or leave the explanation of near death experiences to those who are open to the transphysical domain.

V.
Love and Near Death Experiences

As we have seen, there is considerable evidence of survival of human consciousness after clinical death, implying a transphysical dimension of human nature and a transphysical origin of consciousness. However, it does not show that this transphysical dimension of consciousness is *eternal*. Nevertheless, there are some *clues* that this transphysical condition is eternal – e.g. the love and benevolence of the white light as well as the love of Jesus and deceased relatives and friends, which seem to betoken the intention of a loving deity to fulfill our greatest desire, namely, unconditional love and joy with that deity throughout eternity. This last point deserves special consideration because in every instance of an encounter with the "being of light" in all of the above studies patients reported the experience to be one of intense love. The following case resembles hundreds of others reported by the above researchers:

> I became very weak, and I fell down. I began to feel a sort of drifting, a movement of my real being in and out of my body, and to hear beautiful music. I floated on down the hall and out the door onto the screened-in porch. There, it almost seemed that clouds, a pink mist really, began to gather around me, and then I floated right straight on through the screen, just as though it weren't there, and up into this pure crystal clear light, an illuminating white light. It was beautiful and so bright, so radiant, but it didn't hurt my eyes. It's not any kind of light you can describe on earth. I didn't actually see a person in this light, and yet it has a special identity, it definitely does. It is a light of perfect understanding and perfect love…. And all during this time, I felt as though I was surrounded by an overwhelming love and compassion.[83]

This experience of overwhelming love by those who encountered the "being of light" may legitimately provoke the intuition that this being's intention is not only *transitory* benevolence, but to give unconditional and *eternal* love -- which corresponds to the fulfillment of our greatest desire.

VI.
Conclusion

The above studies of near death experiences give considerable probative evidence of transphysical consciousness after bodily death which is not explained by current physicalist explanations and unlikely to be explained by future ones. In view of this, and the preponderance of evidence for a positive, loving experience after bodily death, we now have an ultimate context in which to interpret happiness and suffering. We no longer need to limit happiness to our

[83] Moody, 1975, pp. 53-54.

physical existence and our bodily lifespan, but can explore transcendent and eternal happiness both now and in our eternal future.[84]

At this point, the evidence and methodology of experience, reason, and science fall silent. For even though near death experiences point to a future of intense love, we are left with many questions that NDEs, natural reason, and experience cannot answer. How do we orient ourselves toward this post-mortem life of love? Is the "being of light and love" God? Does God help us, protect us, guide us, and inspire us in *this* life? If so, how? In view of the fact that about 85% of children undergoing clinical death have near death experiences, why do only 9 to 18% of adults have one? Is there something that adults must decide or do before they can transition to a heavenly domain (with the being of light, deceased relatives, and Jesus)? Why do some adults (around 1%) have negative post-mortem experiences? Does God or the being of light have a specific purpose for each of us? Can we pray to God or the being of light before we die? These and many other questions go beyond the data of near death experiences – yet they beg for an answer in light of them.

Does God or the being of light stop his revelation (about our transcendence and post-mortem future) with near death experiences – or does he provide additional revelation that can answer the above questions? I find it incomprehensible that a loving God who gives us a glimpse into our eternal existence with Him (through NDEs) would leave us completely in the dark about the above questions – especially if they have significance for that eternal existence with Him. If this conjecture is correct, then God must have given us another source of revelation to answer the above questions. What could be the source of that revelation?

I would submit that it is the revelation of Jesus Christ – not only because many people see Jesus in near death experiences, but also because the being of light is intensely loving – resembling Jesus' revelation of God as "Abba" and "the father of the Prodigal Son."[85]

For Jesus, God is not only our Father, but "*Abba*" (the word used by little children to address their fathers). Jesus compares him to the father in the Parable of the Prodigal Son – a father who is unconditionally forgiving, compassionate, affectionate, accepting, and humble. Jesus not only reveals His *Father* to be unconditional love, but also He Himself. His miracles, teachings, love of sinners, and self-sacrificial death all show this unconditionally loving heart which gives credibility to his claim to be the only begotten Son. Moreover, many members of the early Church were witnesses to his resurrection, and reported that his risen body was transformed. Some aspects of this transformation resemble near death experiences. Furthermore, Jesus' view of the resurrection as a state of unconditional love is corroborated by the vast majority of near death experiences. These parallels between Christianity and near death experiences suggest that Jesus does hold the key to the additional revelation we need to orient ourselves from this life to the next.

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[84] Readers interested in transcendent happiness might want to look at the two free videos, *Happiness, Suffering, and the Love of God* and *The Four Levels of Happiness* as well as the free article *Getting Started on Prayer*.

[85] For an explanation of Jesus' Father being like the father of the Prodigal Son, go to *The Reasonableness of Christianity* - (free video).

If the above reasoning seems plausible to readers of this website, you might want to explore Jesus' revelation further. If so, see free video, *The Reasonableness of Christianity*. See also the free article, *Science and the Shroud of Turin* and the free *Jesus Wiki* on the latest historical evidence supporting his claim to be the only begotten Son of the Father. Readers may want to purchase my future book – *God So Loved the World: Clues to Our Transcendent Destiny From the Revelation of Jesus* (Ignatius Press – coming in early 2016).

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